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021839 QM12/0521
BURNS DOANE SWECKER & MATHIS L L P
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/486,394	06/20/00	023	WINGOOD, P	3736 05/21/01
First Named Applicant	HOPFL,	35 USC 154(b) term ext. =		0 Days.

TITLE OF INVENTION DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 032929-001	600-556.000	660	UTILITY	NO	\$1240.00	08/21/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BURNS, DOANE, SWECKER & MATHIS, LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MEDIGENE AKTIENGESELLSCHAFT

GESELLSCHAFT FÜR MOLEKÜLARBIOLOGISCHE

(B) RESIDENCE: (CITY & STATE OR COUNTRY) KARDIOLOGIE UND ONKOLOGIE

GERMANY

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Dick K. Shultz

(Date)

8/9/01

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08/10/2001 RMMRIS2 00000089 024800 09486394

01 FC:142 1240.00 CH
02 FC:561 33.00 CH

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